Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>05/02/07</u>	Address:	Kenilworth Rd, north of
Case #:	<u>24-28278</u>		Plymouth-Goshen Tr.
County:	Marshall		
Type of La	boratory Seizure (check one)	Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:
Items Four	id: Location (hedroom, kitchen, open ai	r, etc)	
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Open Air Area			
Water Reactive Metal (Lithium): Open Air Area			
Anhydrous Ammonia: Open Air Area			
Hydrochforic Acid Gas Generator(s):			
Corrosive Acid:			
Corrosiv	ye Base:		
Other (i	tem and location):		
∏ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip —
This report	t is to be faxed to the following agen	cies that serve the lo	ocation:
Fire Depart	ment: Plymouth Fire Dept.	Fax: (574)	936-5256
Health Dep	artment: Marshall Co. Health Dept.	Fax: <u>(574)</u>	<u>936-9247</u>
Child Prote	ction Service: <u>N/A</u>	Fax:	-
	information regarding this methamphog Officer: <u>Tpr. David Caswell</u>	etamine Jaboratory, c Phone <u>(574) 546-49</u> 0	

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.